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|  | DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES | EFFECTIVE DATE: OCT 08 2007 | POLICY NO.: COR.10.1A.08 |
| | | SUPERSEDES (Policy No. & Date): COR.10.1A.08 04/21/05 | |
| | SUBJECT: COMMUNICATION ON SPECIAL NEEDS PATIENTS | | Page 1 of 4 |

PSD 2007-2895

1.0 PURPOSE

The purpose of this policy is to establish communication guidelines between the facility administrator and the treating clinicians, or their designees, regarding inmates' significant medical and mental health needs prior to transfers or programming in order to preserve the health and safety of the inmate and others.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2003).
- c. Department of Public Safety, Policy and Procedures, Chapter 10:
COR.10.1E.02, Receiving Screening;
COR.10.1E.09, Segregated Inmates;
COR.10.1G.01, Special Needs Treatment Plans;
COR.10.1G.02, Management of Chronic Diseases.
COR.10.1G.04, Mental Health Services;

.2 Definitions

Special Needs Inmates: Inmates with medical or mental health disabilities or disorders that interferes with the ability to carry out normal activities.

3.0 POLICY

Correctional staff shall be advised of inmates' special needs that may affect housing, work and program assignments, disciplinary sanctions, and admissions and transfers to and from institutions. The communication shall be documented.

4.0 PROCEDURES

- .1 The facility Clinical (CSA) and Mental Health (MHSA) Section Administrators shall be responsible to ensure the communication between clinical, mental health and correctional staff, including Correctional Officers in therapeutic units and facility counselors and social workers on a need to know basis, regarding

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inmates with special needs (e.g. inmates requiring therapeutic housing, terminal inmates requiring hospice care, inmates with acute injuries, pregnant inmates, inmates with environmental or developmental disabilities that require housing assistance, adolescents in adult facilities, and the frail or the elderly). Substance abuse treatment, mental health treatment and HIV/AIDs information requires a patient's consent or a court order before the information can be shared with a third party. Communication about inmates with special needs shall include:

- a. Infirmary admissions and discharges;
 - b. Patients who require therapeutic housing;
 - c. Admission to and discharges from therapeutic housing units or segregation;
 - d. Special housing requirements or living assistance;
 - e. Special diets;
 - f. Inmates requiring transport to community or inpatient hospital service providers;
 - g. Inmates requiring special needs or equipment during transport;
 - h. Inmates who are potentially suicidal;
 - i. Behavior patterns that treatment providers recognize and set to modify or reinforce through treatment planning and implementation.
- .2 Health care staff shall use the Inmate Injury Report, Form DOC 0422 (Attachment A) Medical Needs Memo, Form DOC 0449 (Attachment B), the Mental Health Report, Form DOC 0457 (Attachment C), the Health Status Classification Report (HSCR), Form DOC 0497, (Attachment D) to communicate special needs to correctional staff. Medical and mental health restrictions and applicable medical needs will be described on the form. The patient's diagnosis shall be protected at all times.
 - .3 Nurses or psychiatric social workers shall evaluate the medical and mental health of an inmate prior to an interfacility transfer or job placement. Referrals to the physician, psychiatrist or clinical psychologist shall be made when necessary.
 - .4 There are four categories of work or transfer clearances: Cleared, cleared with restrictions, hold and denied. Cleared with restrictions shall identify what the inmate is physically or mentally able or not able to do. Mental Health staff shall ensure that the information on Form 0497 is transferred to the Mental Health Treatment Plan. Health care staff shall not determine what facility the inmate may transfer to but may indicate the type of facility required (e.g. facility must have 24 hour nursing services, or facility must have 24 hour infirmary services, or facility must have a therapeutic unit, etc.)

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- .5 Holds are for acute conditions that are expected to be resolved or chronic conditions that are expected to stabilize within two (2) months. Holds require a review and a HSCR update at the end of the two-month period. Initial MH treatment plans based on information from the initial HSCR shall be reviewed at the end of the two (2) month period to update changes in health status. Inmates with conditions that are expected to take longer than two (2) months to resolve shall be denied job or transfer clearance until the condition is resolved. At that time a new HSCR and a revision to the MH treatment plan is generated to reflect the inmate's change in health status.

The designated MH clinician shall address the treatment recommended to maintain optimal functioning including behavioral changes required to reduce risk, to monitor risk, and to implement action when the treatment plan is in need of revision or modification.

- .6 As part of the HSCR evaluation, the nurse shall complete the HSCR indicating the inmate's job and transfer status. Notations on the "Comment" section of the HSCR shall be general and shall not violate patient confidentiality. A copy of the HSCR will be forwarded to the facility Classification Officer for action. The other copies shall be routed as indicated on the Form DOC 0497, Health Status Classification Report.

As part of the MH treatment Plan, the designated MH clinician shall address the treatment actions recommended to maintain optimal functioning for the patient including behavioral actions required to reduce risk, to monitor risk and to implement action when the treatment plan is in need of revision or modification.

- .7 The Physician, Psychiatrist or Psychologist, based on staff recommendations, may request the removal of an inmate from segregation if the inmate's physical and/or mental health begins to deteriorate. The Clinical or MH Section Administrator or a designee shall ensure that the Watch Commander is informed of the request by completing a Medical Needs Memo. A copy of the memo will be filed in the inmate's medical record and in the MH case management file. The Watch Commander will be responsible for reporting any housing changes to his supervisors. Inmates removed from segregation for medical or mental health reasons shall be placed in an infirmary or in a therapeutic unit.

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5.0 SCOPE

This policy and procedure applies to all correctional facilities and their personnel.

APPROVAL RECOMMENDED:

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June Savares 9/27/07
 Correctional Health Care Administrator Date
John P. [Signature] 10/8/07
 Deputy Director for Corrections Date

APPROVED:

Clayton [Signature]
 Director
 10/08/07
 Date